

# Hospital Logo

Patient Name:	<b>Codfisc Test</b>	Ref. Physician:	<b>Refertante Medico</b>
Patient ID:	<b>818123</b>	Report Date:	<b>5/17/2023 3:41 PM</b>
Date Of Birth:	<b>6/27/1991</b>	Accession:	<b>5955790044</b>
Gender:	<b>F</b>	Procedure:	<b>RX Polso</b>
Age:	<b>24Y 6M</b>		

**Test Referto codice fiscale minuscolo**